

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/563104 FILING DATE  
APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
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13		/					63						
14		/					64						
15		2					65						
16		2					66						
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18		2					68						
19		1					69						
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45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL REQ.	1		↓		↓								
TOTAL OPT.	39	←		←		←		↓		↓		↓	
TOTAL CLASRS	40	████████	████████	████████	████████	████████		←		←		←	